

**A study of the factors behind the maternal and infantile mortality of black American woman**

## Keywords

Black women  
African American women  
Doula  
Midwife  
Allopathic healthcare  
Infantile mortality  
Maternal mortality  
Pregnancy related death.

This paper delves into the factors that contribute to the racial disparity of maternal and infantile mortality rate in the United States. According to a study done by the Center for Disease control, black women in the United States are overall two to three times more likely to die than white women. This paper asks the question *“what is causing this disparity and what are the consequences and factors to this increased maternal mortality rate for African American women”*. This paper uncovers that from the beginning of the creation of allopathic healthcare in the late 1800’s black birthing has become more dangerous for mothers and children. Throughout case studies and interviews, black women feel less respected by health care professionals and are less likely to be listened to. There is also evidence that racial stress of living in a overwhelming racialized white country has decreased the health outlooks for both mother and newborns born in the U.S.

## INTRODUCTION

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I am researching why is there a racial disparity of maternal mortality in the United States between Black women and White women. I have selected this topic because last semester I took a class with Professor Griselda Rodriguez-Solomon, a Doula who works at City College in International Studies. Griselda, as well another doula Emilie Rodriguez, started Ashe Birthing Services. Providing birthing services to mothers in the tri-state area. She sparked my interest in birthing in America and I soon learned about my own birth story as well as the inequality in the United States of White women when compared to Black women. I wanted to study the issue more with this paper. I do not have any previous experience with this topic.

The methods I used for this paper were News articles on the subject, grad student's thesis papers, ted talks and documentaries about the subject. I did not encounter many issues concerning the research methods however one issue was that there were many articles about the topic which then entailed sorting through the research to achieve accurate and non-repeating information was slightly problematic. There is an issue with data collection as well because it is not mandatory for states to maintain cohesive records of maternal deaths and only a few do, the rest of the information was outside.

My topic is the racial disparity of maternal care in the United States. The main question I will be attempting to address is why such a disparity between maternal mortality of African American women is there compared to Caucasian women in the United States.

## TERMS IN USE

Pregnancy related death - According to the CDC. Any death during pregnancy or one year after the end of the pregnancy, regardless of the outcome, due to a pregnancy related, or aggravated medical issue.

Doula - According to DONA, an internationally recognized Doula training organization "a trained professional who provides continuous physical, emotional and

informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible”

American society - Throughout the course of this paper, the term American society refers explicitly to the reality and experiences of Caucasian America, unless otherwise explicitly stated.

### **WHAT IS THE HISTORY OF BIRTHING IN THE UNITED STATES?**

Birthing in the United States can be traced back to the birthing practices carried over from the main places of immigration. Caucasian birth in America up until the 1760's was purely a female event, no male being invited in. Women relied on expansive networks of fellow female family and friends to assist in the birth. Caucasian women in the late 18th century began inviting male practicing physicians in the birthing room. This was more common amongst upper class women as men at that time were the superior sex, and the belief was that *“women were emotionally and intellectually incapable of learning and applying the new obstetric methods”* (Cf. Feldhusen, 2000), families were more willing to pay for a male physician. By the early 1850's there was beginning to be a shift from traditional midwives who were thought to be “untrained” by American society to male physicians. This shift targeted the “granny midwife” generally an older black midwife in the South and other black women midwives specifically due to derogatory racialized connotations against black women. Granny midwives were persecuted by the white medical community associating her with witchcraft and practicing dangerous and ill-informed techniques for childbirth (Bonaparte, 2007, p. 23-24) and there was the emergence of formal training services for midwives, however the profession was sliding over to male domination.

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There were also new medical advancements during this time, such as the invention of forceps, the stethoscope, and the emergence of modern gynecology (Cf. Feldhusen, 2000). Dr Marion Sims, born in 1813 is often renowned as the “father of gynecology” for his advancement of surgical repairs of vaginal fistulas. He accomplished this through the experimentation on slave women without any anesthesia and continued to do so

throughout the 1830's. By the 1880's American society push *"for the restoration of medical licensing was sought among all the competing groups"* (Cf. Feldhusen, 2000). In 1888 the American College of Obstetricians and Gynecologists was founded. From the end of the 19th century to the end of the 1940's there was a massive push from American doctors and newly created Medicare to attend hospitals for hospital births. By 1960 97% of all births recorded took place in a hospital.

During the practice of slavery Black women tended their own births as white doctors were not trusted. In the antebellum period to the 1930's to 1940's granny midwives, took care of black and lower income white women throughout all stages of pregnancy before allopathic healthcare took hold complete hold of all pregnancy. Granny Midwives stressed holistic caring wanting the woman to have emotional and mental stability, throughout the pregnancy. Granny Midwives relied on less invasive methods and tried to allow birth to occur naturally. The midwife would then continue to take care of the women for months after the birth, acting as an emotional and informational pillar in the mother's life. In 1940's campaigns were started against granny midwives to force the black population in America to turn to hospitals- dramatic decrease in midwives. These campaigns likened these midwives to "witches" and used racist tactics as there was *"derision of slave approaches to healing" in the medical community*" (Bonaparte, 2007, p. 21). There was also legal changes passed restriction who could practice healthcare in the United States. States, such as South Carolina soon started passing laws on county levels, enforcing obtention of licensing and formal training. This forced midwives who wanted to continue to serve the community train under white men. Effectively losing her autonomy and individual practices (BONAPARTE, 2007).

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### **What is the rate of Maternal Mortality in the US? Why is it so high?**

Maternal mortality saw an improvement throughout the 20th century. According to recent reports of mate and infant mortality from the years 1915 to 1990. In 1960 the United States ranked 12th in infant mortality rates, The USA has now fallen behind and is 32nd out of 35th, of the wealthiest nations (Villarosa, 2018, p. 5).

Each year an estimated 700-900 maternal deaths occur in which up to 60% of those deaths are preventable (Cf. Rainford, 2018). According to the CDC there are nearly 50,000 women who experience near-death experiences due to pregnancy complications each year. This number (from 2014, the last available dates) rose nearly 200% from 1993. African American women especially suffer as they are three to four times as likely to die due to pregnancy related causes (Villarosa, 2018, p. 5). Black women in the US have approximately the same maternal mortality rates as Mexico, *“where nearly half of the population lives in poverty”*. The US also has the highest cost of healthcare of the developed world. These abysmal numbers demonstrate the United States lacking ability to provide quality maternity care, especially to African American women.

One reason why the maternal mortality is so high is the large prevalence of C-sections. In New York the rate of C-sections is 33% while the national average is 33%. The recommended number of C-sections that are deemed necessary by the CDC is between 10% and 15%. C-sections can lead to increase risk of disease, scarring, longer recovery times, and lifelong pain such as pelvic and back pain. According to NPR research African Americans have higher rates of C-section and are more than twice as likely to be readmitted to the hospital in the month following the surgery. African American women too suffer from lack of agency when it comes to advocating for themselves in prevention of the surgery. Simone Landrum when talking with her doctor about the scheduled birth of her third child was warned *“that he was [...] going out of town and [...] he could deliver the baby by C-section, that day if she wished, six weeks before her early due date”* Landrum later stated that it felt an *“ultimatum”* (Villarosa, 2018, p. 3) African Americans are also more likely to be uneducated about the truths of child birthing and therefore are not fully able to advocate for herself.

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### **Do African American Women feel a lack of agency when giving birth?**

According to an interview conducted with a trained Doula in New York City, she states that in her experience African American women appeared to get talked *“at”* more instead of talked *“with”*. In her experiences with

doctors she has seen physicians more willing to have a dialogue and to take into account what the mother wants, if the mother is of Caucasian descent, instead of an African American woman. While she admitted that she does have limited experience with Caucasian women as she mostly tends to Women of Color this conclusion is often verified by other individual stories and experiences of women of color. In America African American women face undue stress due to institutionalized and poignant racism. This results in these women not feeling in control of their situation, as they lack confidence of agency. African American Women have been removed and obstructed from power positions- Granny midwives' campaigns against them by equating them to "the other", one outside the realm of power or respect in medical society (Bonaparte, 2007). This racial and sex oriented attack caused the black midwife to lose agency in the field, which is detrimental for black women as they face prejudice and discrimination in the outside American society. One poignant example of a lack of agency experienced is the case of Simone Landrum, who during the spring of 2016 realized she was pregnant with her third child. Landrum twenty-three years old at the time noticed a difference with this pregnancy this time around as she experienced "constant headaches and sensitivity to light" as well as major swelling in her face, hands and feet as her due date neared. When she went to her doctor to tell him of her worries "he brushed aside her complaints" and recommended Tylenol even when it was not working. After Landrum complained again her doctor told her to "lie down and calm down" This casual rebuff encapsulates the lack of dialogue, trust, and respect experienced by African American women with their gynecologists and obstetricians (VILLAROSA, 2018).

Another example of lack of agency experienced by an African American woman is Shalon Irving. In mid-2016 Irving, a highly educated, lieutenant in the US Public Health Service discovered she was pregnant. She was classified as a high-risk pregnancy due to a diagnosis of hypertension and uterine fibroids as well as being slightly older at 36 years. After the delivery of her daughter by c-section, Irving went back to the doctors after a couple of days complaining of feeling ill. The first doctor could not find anything wrong, but a second doctor found a wound due to her c-section. Thinking that was all Irving went home with the proper instructions. However, after not feeling better she then went to two other doctors all

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who claimed they could do nothing for her. After her last doctors visit, she went home and five hours later ended up in a fatal coma due to hypertension (Cf. Rainford, 2018). This individual instance is reinforced by NPR and ProPublica stories collected in 2017 of over 200 African American mothers where *“the feeling of being devalued and disrespected by medical providers was a constant theme”* (Cf. Martin; Montagne, 2017). This also demonstrates that black maternal mortality is not relegated towards one economic class.

### **WHAT HEALTH CONDITIONS DISPROPORTIONATELY AFFECT BLACK WOMEN IN THE US?**

While both White and Black women in the United States suffer from increased chances of dying from pregnancy-related issues *“a national study of five medical complications [of] common causes of maternal death and injury” were studied, and it found ‘black women were two to three times more likely to die than white women who had the same condition’* (Cf. Martin; Montagne, 2017). There are also medical issues that affect Black American women more than White American women. One being hypertensive, or high blood pressure disorders. These include eclampsia and pre-eclampsia. Pre-eclampsia can only be achieved while pregnant and is characterized by hypertension, water retention and blood in urine. Severe preeclampsia is characterized as increased sensitivity to light, headaches, fatigue, urinating in small amounts, pain in upper right abdomen, bruising easily, and shortness of breath. This can then lead to eclampsia after pregnancy. African American women *“have disproportionate rates of hypertensive disorders and peripartum cardiomyopathy (pregnancy-induced heart failure), two leading killers in the days and weeks after delivery”* (Cf. MARTIN; MONTAGNE, 2017).

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It was hypertension that cost Shalon Irving her life, and Simone Landrum her third child. Hypertension especially linked to the heightened stress levels an African American woman unintentionally feels due to constantly dealing with institutionalized racist practices and ideals. Black women are also twice as likely as white women to have postpartum depression, but *“much less likely”* to receive treatment for it (Cf. Martin; Montagne, 2017). Often black women will not follow through with the doc-

tor's appointment either due to feeling mistreated due to her race, or lack of flexible and whole coverage of birthing costs. This is related with increased percentages of Black women being insured or have only later or minimal coverage for prenatal care and almost no care for post partum (Cf. Martin; Montagne, 2017). This signifies that black American women are much more likely to not be as financially self-sufficient as a white American woman.

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### **WHAT FACTOR DOES RACE PLAY WHEN GIVING BIRTH IN THE US?**

Race plays a crucial factor while giving birth in the US. African American women die at three to four times the rate more than caucasian women from pregnancy related complications according to the CDC (Cf. Martin; Montagne, 2017). According to other recent studies conducted by the City of New York between the years 2008-2012 college educated black American women who gave birth at local hospitals are *"were more likely to suffer severe complications of pregnancy or childbirth than white women who never graduated from high school"* (Cf. Martin; Montagne, 2017). Between the years 2006-2010 African American women were twelve times more likely to die than caucasian women giving birth in NYC hospitals.

Research has proven that African American women suffer more from pregnancy complications and have a higher rate of maternal mortality and infant mortality due to the "weathering" effect of institutionalized racism on their bodies as quoted by Dr. Arline Geronimus a professor in the Department of health behavior and health education at the University of Michigan School of Public Health. In the New York Times article "Why America's Black Mothers and Babies are in a Life-Or-Death Crisis" The study "Mortality among Infants of Black as Compared with White College-Educated Parents" from the New England School of Medicine published in 1992 is referenced. The study found that *"infants born to college educated black parents were twice as likely to die as infants born to similarly educated white parents"* (Villarosa, 2018, p. 5). 72% of the cases recorded of almost one million were found to be due to low birth weight. This can be attributed to the "weathering" experienced by African American women from being in a society that experiences high levels of institutionalized racism ingrained in the



very foundations of allopathic healthcare. In the 21st century *"African American Women are more likely to experience disparities in access to quality ed, safe housing, health care resources, employment, and live in unsafe environmental conditions"* (Cf. Rainford, 2018). This unequally hinders African American women, as before they become pregnant, they are more likely to be less able to provide financially for a child and would experience greater stress levels than white women bringing their baby home. The effects of long-lasting racism and discrimination adds on average seven and a half years to the chronological age of the women (Cf. RAINFORD, 2018).

### **CASE STUDY: AFRICAN WOMEN WHO GAVE BIRTH IN BOSTON COMPARED TO AFRICAN AMERICAN WOMEN**

The visible effects that ingrained racism can have African American demonstrates itself in multiple health factors that affects the child. In a case study performed in 1990, African American children were born with lower birth weights, smaller head circumference, and were overall shorter in length (Howard Cabral; Freid, 1990, p. 2). This study was performed by comparing African immigrant women and their newborns compared to African American women. The study performed on two-hundred and one foreign born African women and six-hundred and sixteen. In table one below African women have children at an older age and have on average more education than African American women as well. This would demonstrate that although the African immigrants and African Americans are both black and relatively are located within the same income bracket there are still factors that disproportionately affect black Americans (Howard Cabral; Freid, 1990, p. 2). While admitting that the data compiled in this study is not entirely conclusive of exact causes for the disparity in the research findings. These research findings however do conclude that there is a distinct difference in African American infant outcome when compared to African women. This difference could be attributed to the stress of racism of living in America, in a world crafted to disadvantage and abuse Black citizens.

**TABLE 1—Comparison of Foreign-Born US-Born Black Women on Demographic and Selected Obstetric Factors**

Factors	Foreign-Born (n = 201)	US-Born (n = 616)	% Difference	95% CI of Difference
	%	%		
Maternal Age				
18 years or younger	7	18	-11	(-6, -16)
Marital Status				
Married	33	12	21	(14, 28)
Maternal Education				
11th grade or less	22	40	-18	(-11, -25)
Monthly Household Income*				
\$500 or less	44	48	-4	(-13, 5)
Pre-Pregnancy				
Weight-for-Height				
Less Than 90% of Ideal	6	13	-7	(-3, -11)
Primiparity	47	47	0	(-8, 8)
Trimester of First Prenatal Visit				
First or Second	87	85	2	(-3, 7)
Prenatal Care				
Less than nine visits	33	47	-14	(-6, -22)
Pregnancy Weight Gain				
Less than 16 lbs	12	16	-4	(-9, 1)

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Tabela 1 Comparison of Foreign-Born US-Born Black Women on Demographic and Selected Obstetric Factors. Taken from: HOWARD CABRAL; FRIED, 1990.

## HOW HAS ALLOPATHIC HEALTHCARE SYSTEM AFFECTED AFRICAN AMERICAN WOMEN?

Allopathic healthcare with the strong reliance on surgery such as C-Sections, corrective surgeries after life threatening pregnancy complications such as surgery to remove blood clots and use of conventional medication such as epidurals and anesthesia to relieve pain. As black Americans suffer from higher rates C-Section operations they are more likely if they have more than one child, to have longer lasting health consequences from the surgery (Cf. Martin; Montagne, 2017). Black women are also more likely *“to be uninsured outside of pregnancy, when Medicaid kicks in, and thus more likely to start prenatal care later and to lose coverage in the postpartum period”* (Cf. Martin; Montagne, 2017). This could eradicate a woman’s opportunity to be seen by the doctor if she develops a pregnancy-related concern later.

Currently cities are not mandated to maintain detailed records of maternal mortality rates. This makes it extremely easy to keep the truth of giving birth in the United States hidden from the public, as there is no formal cohesive way in which to comply all the information nationally. This assists the continued disenfranchise-

ment of black American women, as the concerns that researchers, human rights groups, and select physicians have can never be fully addressed until there is substantial proof of widespread nationally acknowledged proof (Cf. FIELDS, 2017).

## CONCLUSION

*Topic Question: Why is there a racial disparity between the maternal mortality rate of Black woman compared to Caucasian women?*

After reading and analyzing all of my sources I have concluded that they all agree that the racial disparity experienced by black women in the United States concerning their maternal and infantile mortality is due to the institutionalized racism in hospital visits and the “weathering” experienced by black Women in America. Due to the inherent racialized history and current nature of institutions such as hospitals and doctors, black women are disadvantaged regardless of economic status. Stories as well as statistics support the negative health effects from that process can be viewed in the disparity of birth weights All of the sources agreed that there are large, and disturbing differences between the maternal mortality rates of black Americans, and white Americans. In addition, throughout research multiple sources maintained that this is an issue that has not been getting enough attention by the American public. With 700 to 900 maternal deaths per year in the US and with maternal mortality rising, as well as the racial gap widening with black women as black woman as of recent reports “243 percent more likely to die from pregnancy- or childbirth-related causes” (Cf. Martin; Montagne, 2017), the time to act is now. Racial bias in Pregnancy and post-partum care as well the road to recovery, in creating a more equal and just maternal health care system is a long and arduous one The United States has to embark on to ensure the survival of black mothers and children.

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